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**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/070632**

FILING DATE

APPLICANT(S)

**CLAIMS**

	LED			1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.		DEP.	IND.	DEP.	
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TOTAL IND.							
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THIS SHEET IS TO BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS